



UroSCOAP

How do Urologists take control
of the quality agenda?

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UW Urology Mission: improve
urological health

at UW Medicine *and beyond our
walls*

How do we IMPROVE HEALTH CARE?

- Deliver care that meets Institute of Medicine elements
 - safe, effective, patient centered, timely, efficient, and equitable
- Educate for the future
- Take an active stance in defining quality urological care in Washington State

What is quality?

- Public – better health care
- Payor – cost savings/reduction
- CMS – Physician Quality Reporting Initiative (PQRI) measures
- OLYMPIA – COST REDCUTIONS

All these are important, but none of them define our specialty and what we do best.

Urology controls immense health care expenditures

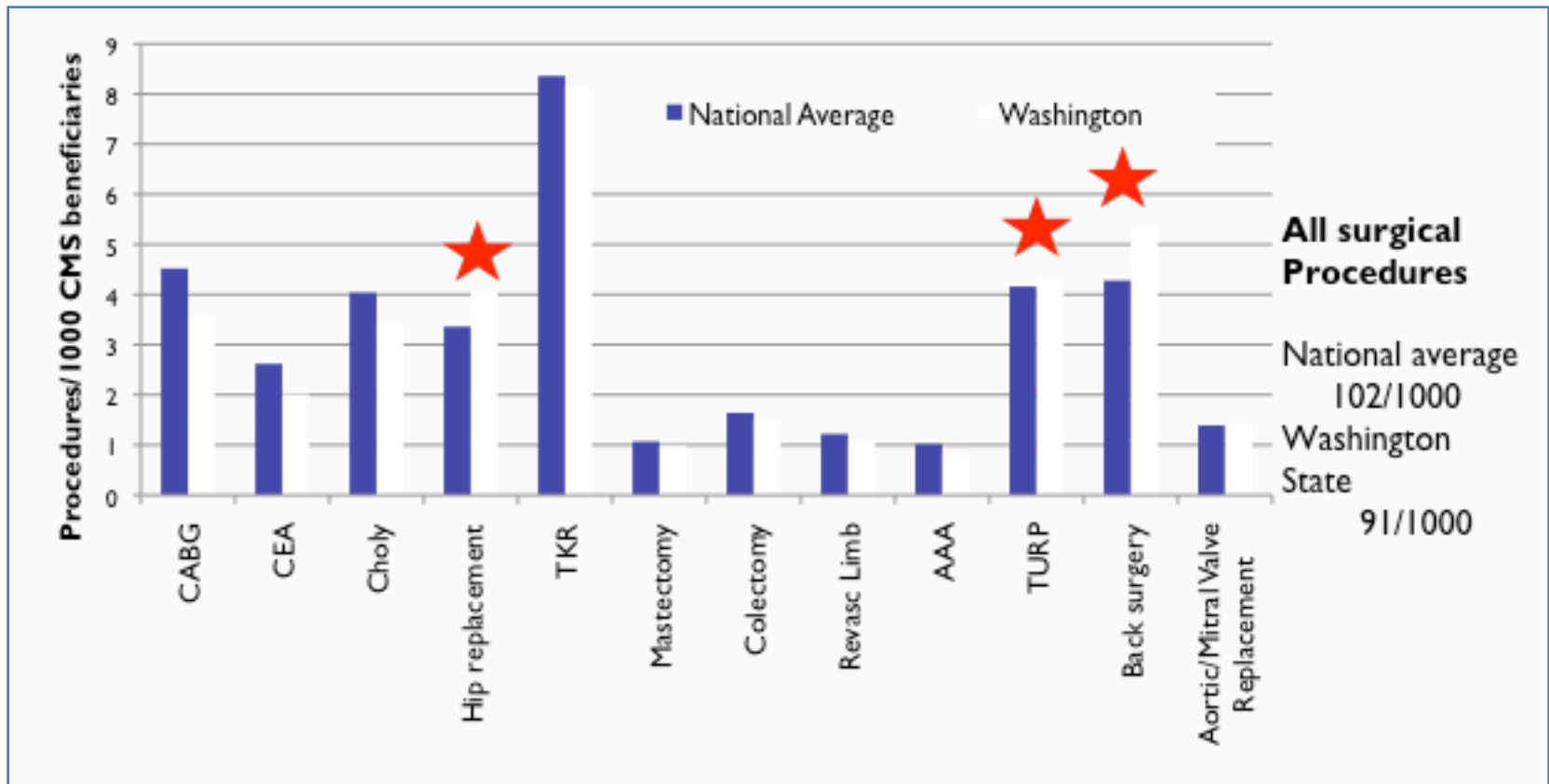
- UTI \$3.5 B
- Kidney Stones \$2.1 B
- Prostate Cancer \$1.3 B
- Bladder Cancer \$1.1 B
- Kidney Cancer \$401.4 M
- BPH \$1.1 B
- Incontinence \$463M
- ED \$328 M
- Urethral Stricture \$200 M
- Prostatitis \$84 M
- IC \$66 M

exceed \$12B per year

Overutilization of TURP

Washington State “Overuse/Underuse”

Dartmouth Atlas 2005



Inpatient TURP for BPH per 1,000 Medicare Enrollees

Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
Washington	249,905	4.37	-	-
*Idaho	65,945	4.85	0.90	-119
*Wyoming	27,480	4.52	0.97	-37
*Montana	55,383	4.26	1.03	29
* National Average	12,328,613	4.16	1.05	55
*Oregon	143,690	3.65	1.20	181
*Utah	85,128	3.19	1.37	296
*Alaska	19,832	2.44	1.80	485

DARTMOUTH ATLAS: STATE LEVEL RATES FOR 2005

PQRI UROLOGY MEASURES 2009

- Prostate cancer:
 - Limited Bone Scan Use for low risk disease
 - Adj. ADT for RT
 - 3D EBRT;
- Female SUI
 - Assessment, Characterization and Plan of care for women > 65
- Antibiotic prophylaxis before surgery
- DVT Prophylaxis before surgery

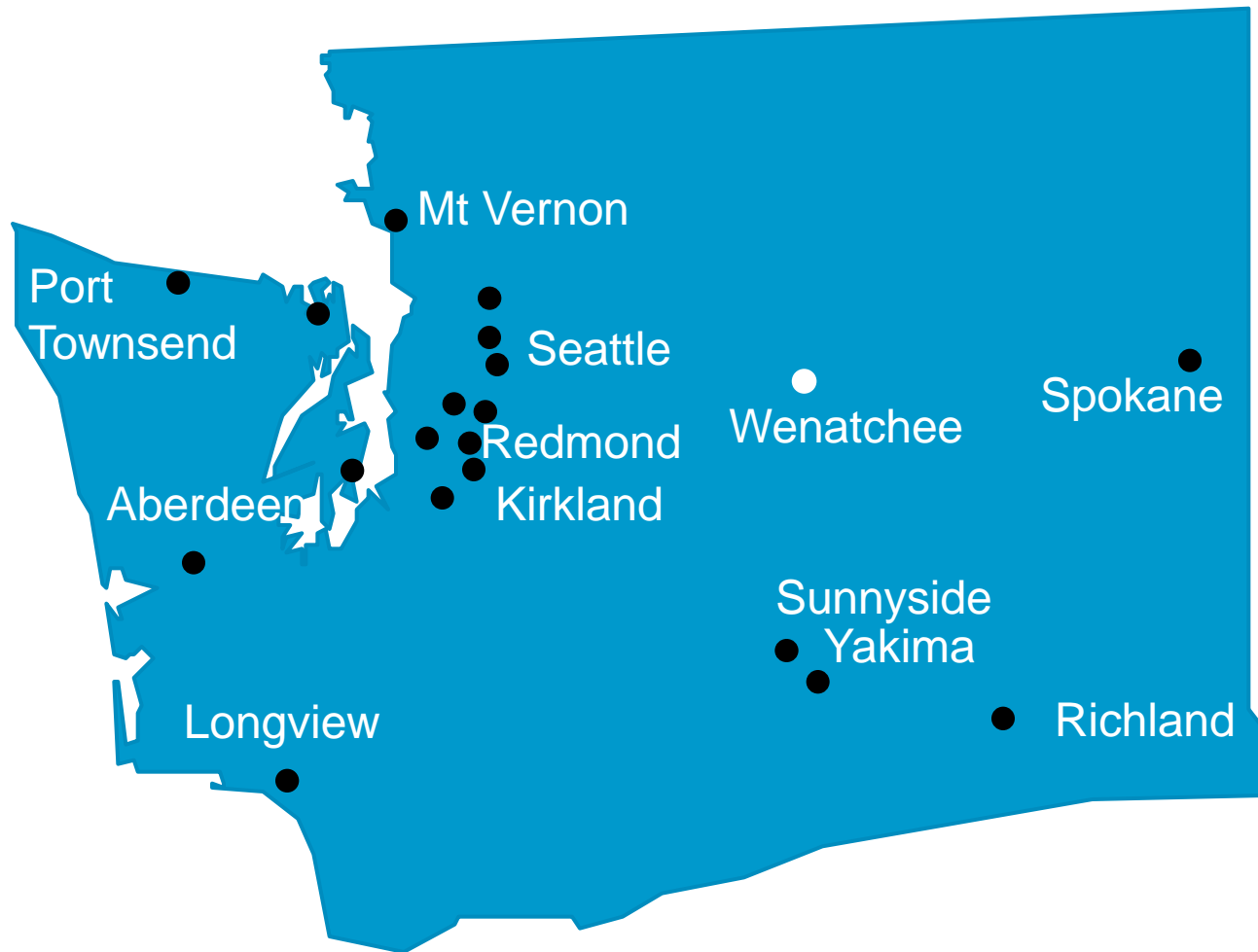
Initiate a Community Based Outcomes Project

- Organize through the WSUS umbrella
- Establish a task force of members
- Choose procedures and metrics
- Must also focus on utilization of resources

The Surgical Care and Outcomes Assessment Program (SCOAP)

- Clinician led, voluntary collaborative that links hospitals and surgeons from across the state to increase the use of best practices in surgical care.
- SCOAP can serve as the platform for a WSUS sponsored initiative

“UroSCOAP”



Unlike report cards and simplistic rankings that inevitably put lower volume and smaller hospitals on the losing end of their calculations, SCOAP acknowledges that surgeons and the procedures they do are vital to ALL communities

First Step: Get some data

- Washington State Comprehensive Hospital Abstract Reporting System (CHARS)
- Demographic variables, admission, and discharge administrative details, payer status, *International (ICD-9) procedure and diagnosis* codes, and hospital identifiers.
- CHARS allows one to identify an individual's vital statistics records and track all hospitalizations in the Washington state hospitals.

Snapshot of major operative activity in Washington state 2003-2007

Operation	N	Age yrs	LOS days	D/C status % home	Mortality		Readmission	
					% 30 d	% 90d	% 30 d	% 90d
Nephrectomy								
Partial -----								
Cystectomy								
RRP								
TURP								
TURBT								

Source: CHARS Index Years 2003-2007

Snapshot of major operative activity in Washington state 2003-2007

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Nephrectomy	2,505	61	4	90	1.6	3.3	7.1	13.4
Partial -----	653	61	4	93	0.3	0.5	6.7	11.8
Cystectomy	753	68	9	51	3.3	6.4	24.4	36.5
RRP	7,733	63	3	99	0.1	0.1	3.0	4.6
TURP	6,223	72	1	96	0	0	4.6	9.4
TURBT	1,280	76	2	85	5.4	9.9	14.3	32.1

Source: CHARS Index Years 2003-2007

Patient Safety Index (PSI)

Operation	Retained Foreign Body (PSI 5)	DVT/PE (PSI 12)	Dehiscence (PSI 14)
Nephrectomy	0	0.6%	0
Partial -----	0	0.6%	0
Cystectomy	0	4%	1.9%
RRP	0	0.6%	0.1%

Source: CHARS Index Years 2003-2007

Nephrectomy: 10 deaths per year

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Nephrectomy	2,505	61	4	90	1.6	3.3	7.1	13.4

Are we operating on high stage disease for palliation?



Why are nearly 15% of patients bouncing back within 30 days?



Are we doing the right number of partial nephrectomies?

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Nephrectomy	2,505	61	4	90	1.6	3.3	7.1	13.4
Partial -----	653	61	4	93	0.3	0.5	6.7	11.8

26% partial nephrectomy rate

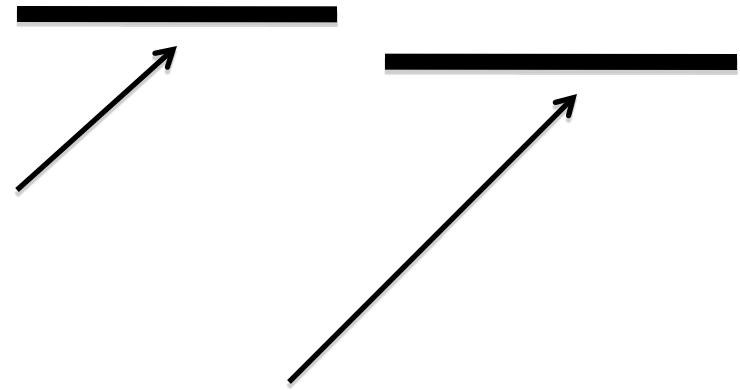
- Strategy: Get SEER population based data for WA state and determine proportion of RCCA <4 cm
- Track % of partial nephrectomies over time
- Should the majority of small renal masses undergo Nephron sparing surgery ?

Are we optimally managing invasive bladder cancer?

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Nephrectomy	2,505	61	4	90	1.6	3.3	7.1	13.4
Partial -----	653	61	4	93	0.3	0.5	6.7	11.8
Radical Cystectomy	753	68	9	51	3.3	6.4	24.4	36.5

Are these cancer deaths or Surgical complications?

Why are 30% of patients being readmitted within 3 months?



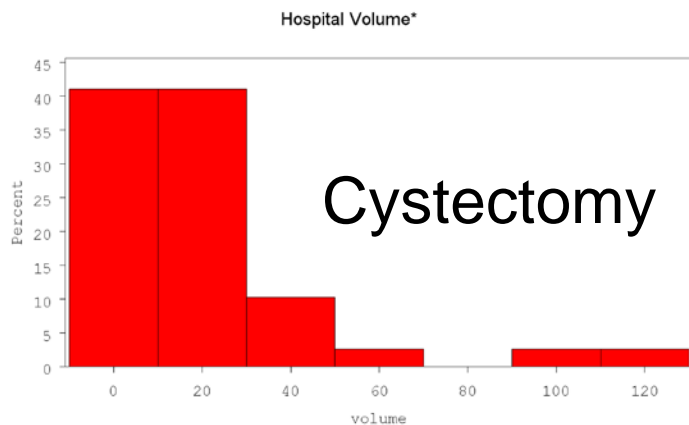
Doing it right for prostate cancer surgery

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Radical Cystectomy	753	68	9	51	3.3	6.4	24.4	36.5
Radical Prostate	7,733	63	3	99	0.1	0.1	3.0	4.6

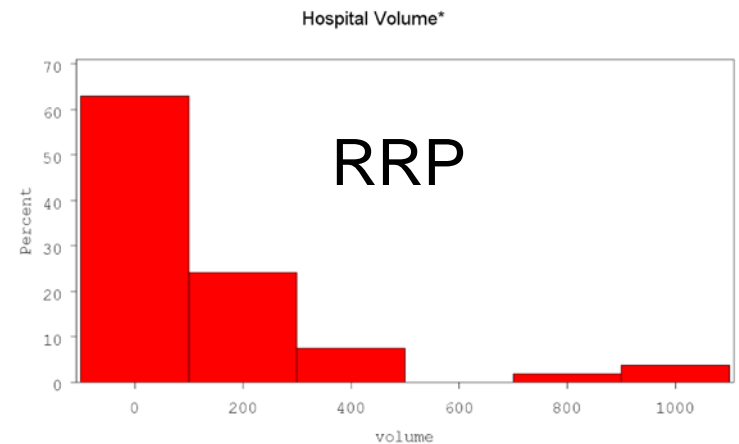
But, we expect these to be low and really need to be looking at outcomes: incontinence, ED, BN contracture (and cancer recurrence)!

Hospital Volume Issues

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
Radical Cystectomy	753	68	9	51	3.3	6.4	24.4	36.5
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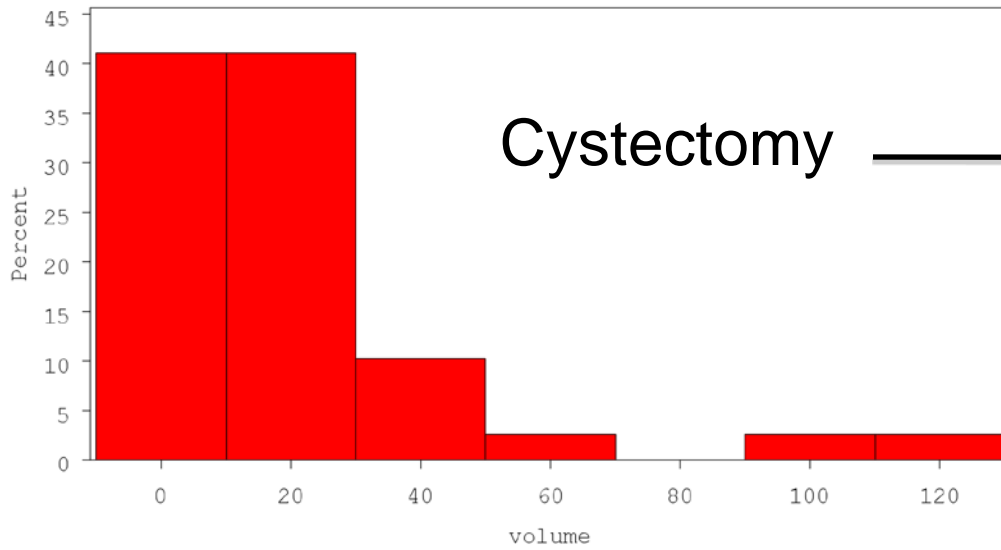


* Sum of index procedures



* Sum of index procedures

Hospital Volume*

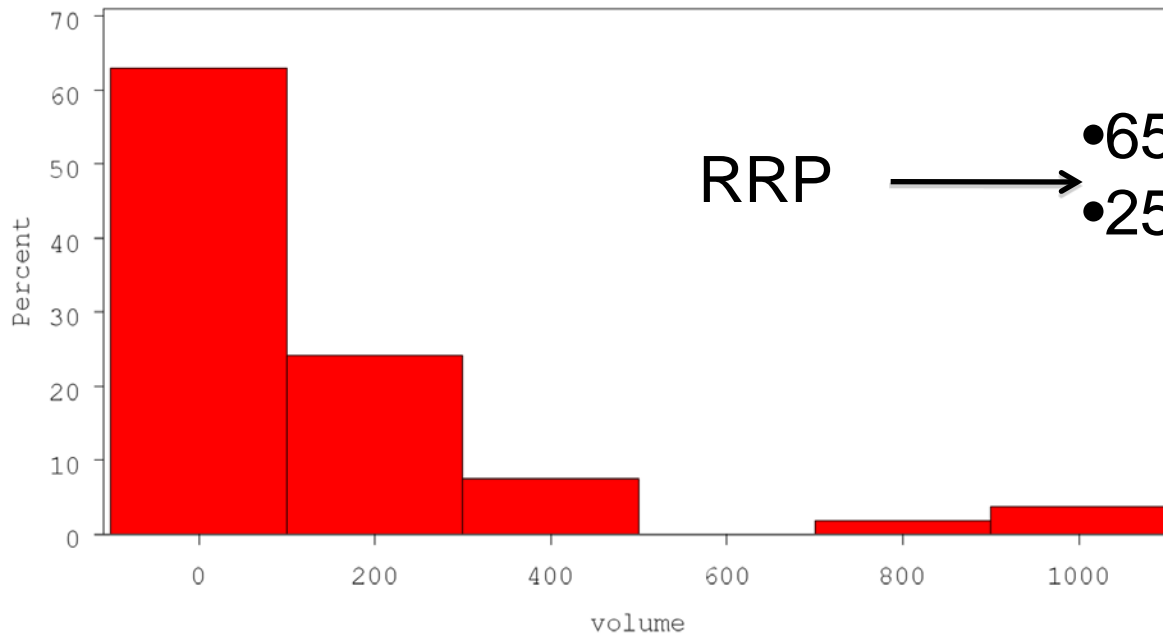


Cystectomy



- 40% perform ≤ 4 per year
- 25% perform > 8 per year

Hospital Volume*



RRP



- 65% perform ≤ 40 per year
- 25% perform per year

Why is TURBT so morbid?

Operation	N	Age yrs	LOS days	D/C status % home	Mortality %		Readmission %	
					30 d	90d	30 d	90d
TURP	6,223	72	1	96	0	0	4.6	9.4
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Source: CHARS Index Years 2003-2007

How do we translate this kind of data into useful information?

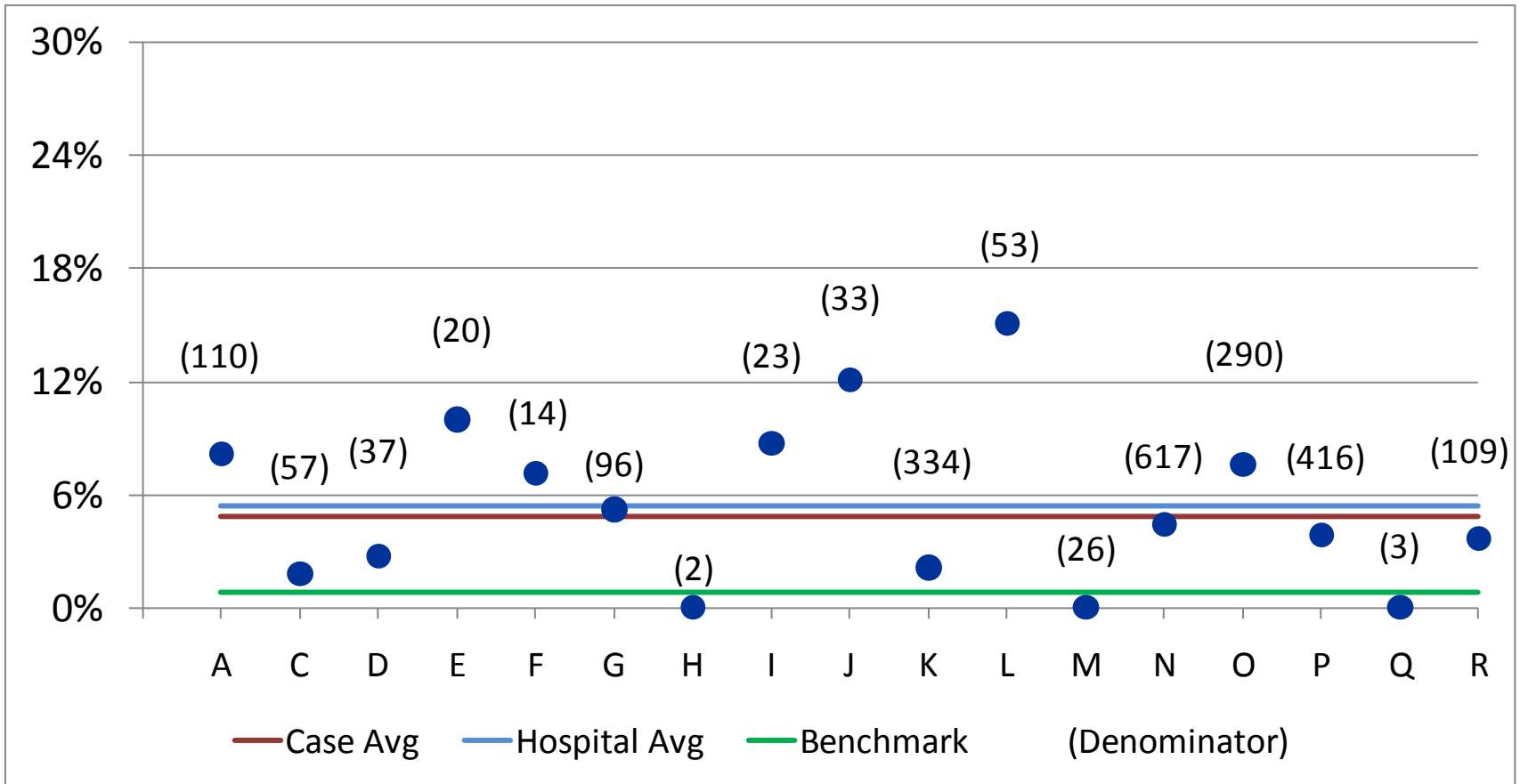
- Checklists
- Process measures
- Reporting and tracking

Procedural checklists and process measures

Procedure	Checklist Measures	Process Measure	Outcome measures	
			LOS	Reoperation
Incontinence surgery	UDS	Cystoscopy		
TURBT	UT Imaging Irrigation	Intravesical chemotherapy		
Cystectomy	Pathology Serum Albumin	Caremap? Number of nodes? Time from TURBT		
Kidney Stone	Imaging	# of CT scans SWL vs. URS for <1 cm renal calculi		
RRP	Pathology report	VTE prophylaxis		

Statewide Benchmarking

Mock Table: Cystectomy Mortality



Who pays for it?

- Investment from UW Urology to generate pilot data and help get buy-in
- Commitment from SCOAP leader to help
- WSUS members needed to participate in metrics committees, support decisions
- Will need to sell to the hospitals, who bear the major cost
 - Preserve market share; improve quality; most of infrastructure already in place
 - Additional data burden is small

Creating UroSCOAP

- Establish a task force of WSUS members from rural and urban practices
- Choose procedures that we all agree on as important
- Launch initiative at Foundation for Health Care Quality in early 2010
- Identify participating hospitals for pilot data collection

safe, effective, patient centered,
timely, efficient, and equitable

- Medical Error reduction
- Outcome measurement across the state
- Care in local community
- Delays in care
- Appropriate utilization (imaging)
- Access for patients with adverse payor status